

## Mentoring for Success Program Mentoree Application

Please complete the front and back side of this application. Be concise with your responses.

Name \_\_\_\_\_

Bldg. # \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Grade/Series \_\_\_\_\_ JobTitle \_\_\_\_\_

Program Title & # \_\_\_\_\_

Are you (circle one) supervisory or non-supervisory?

Who is your first line supervisor? \_\_\_\_\_ Phone \_\_\_\_\_

Time on Station? (Military only) \_\_\_\_\_

Education \_\_\_\_\_

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Areas of Specialization \_\_\_\_\_

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Work Experience \_\_\_\_\_

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What are your short term goals? \_\_\_\_\_

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What are your long term goals? \_\_\_\_\_

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Please provide a self assessment of your personal, professional, and technical strengths\_\_\_\_\_

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Please provide a list of skills you would like to develop/enhance. \_\_\_\_\_

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What are your expectations of this program? \_\_\_\_\_

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How much time do you think you can commit to this program? \_\_\_\_\_

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My objectives for the mentoring relationship are indicated below: (Specific topics to be discussed and agreed upon between mentor and mentoree.)

<input type="checkbox"/> Career Development	<input type="checkbox"/> Technical/programmatic guidance
<input type="checkbox"/> Personal growth	<input type="checkbox"/> Leadership/management skills
<input type="checkbox"/> Networks/contacts	<input type="checkbox"/> Diversity awareness
<input type="checkbox"/> Other _____	

Do you have a mentor preference? If so, please indicate this preference by circling one of the following:            male / female            civilian / military            no preference

My specific Mentor request: (Please include phone number) \_\_\_\_\_  
\_\_\_\_\_

Nominations for other Mentors are: (please include a phone number with the nominated name) \_\_\_\_\_  
\_\_\_\_\_

Your supervisor may be contacted to discuss your participation in this program.

Please send this completed application to: MCHB-CG-QSO, ATTN: Dianne Cottrell  
Applications may be faxed to: Dianne Cottrell, DSN 584-8513  
(Revised 1/98)